The head was very far from being sufficiently diminished by perforation; the narrow space required that its perpendicular diameter should be lessened, in order that the vertex should not be stopped by the anterior wall of the pelvis. In order to effect this, it became necessary to remove the body of the child, in order to gain sufficient space to get at the head. This was done close to the foramen magnum, by means of the scissors, leaving the head, which rolled about upon the brim of the pelvis with every movement of the mother. To diminish the size of the head, Dr. K. introduced his right hand to the left side of the pelvis, fixed the head by the left hand on the outside, and placed it with the face looking upwards, the sagittal suture turned to the left, and then pushed it as much as possible to the right side of the pelvis to gain sufficient space for his right hand; and, in order to fix the head in this position, he passed a sharp hook into the foramen magnum, and held it with the left hand. He now introduced a bistoury with his right hand, passed it up to the anterior fontanelle, which he cut through, and then divided the cranial integuments to the whole length of the sagittal suture. Having withdrawn the knife, he removed first the one and then the other parietal bone: this was the most difficult part of the whole operation, but it succeeded completely. He took this opportunity of removing the rest of the brain; and, having thus lessened the head, he placed it in the left oblique diameter of the pelvis, with the face upwards, and brought it through the pelvis without any exertion The uterus contracted well, the placenta was easily expelled, and the patient recovered very quickly.

Immediately after the labour, he examined the tumour carefully, and felt convinced that it was an exostosis growing from the right sacro-iliac symphisis. *B. & F. Med. Rev.* July, 1838. *From Neue Zeitschrift für Geburtskunde.* B. v. H. 1.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

67. *Poisoning by the application of Emplastrum Plumbi to a large Ulcer.*—M. Taufflieb has recorded in *La Gazette Médicale de Paris* (February, 1838) an example of this accident. A man 41 years of age had an ulcer of the left leg which had destroyed the integuments around the whole limb from the ankle to within three inches of the knee. The base of the ulcer was gray; it bled readily; and was covered with a sanious fluid. The patient experienced violent lancinating pains in it, and his general constitution was much impaired. The ulcer was covered with strips of diachylum plaster, (emplastrum plumbi,) which improved the condition of the ulcer, and cicatrization had commenced at the edges; and the patient's health was improving. At this period, two and a half months after this treatment had been employed, the patient was seized with violent colic, resembling in all respects that produced by poisoning with lead. An examination of the food and of the vessel in which it was cooked, not allowing of any suspicion of lead having been taken in his food, Dr. Taufflieb ascribed the attack to the use of the lead plaster. This was accordingly discontinued, and, under the alternate use of antispasmodics and laxatives, the symptoms of poisoning disappeared.

Five months afterwards Dr. Taufflieb was sent for in great haste and found his patient again labouring under a violent attack of Saturnine colic. On inquiry, Dr. Taufflieb learned that, for the preceding fifteen days, the patient had been again covering his ulcer with the emplastrum plumbi. This was removed, and, under the usual treatment, the patient in a few days recovered.

Dr. Taufflieb has calculated that, in the space of eleven weeks, his patient had used forty-four square feet of the diachylum, and each foot of the plaster containing 114 grains of oxide of lead, it results that 10oz. 3½ drachms of this oxide had been in contact with the denuded surface.

68. *Practical and Medico-Legal Considerations on Multiplied Wounds in the Chest.*—By M. Sanson. A fencing master fought a duel with one of his profes-

sional brethren, and received three wounds in the chest; he was immediately conveyed to the *Hôpital de la Pitié.* On the right side of the thorax there were four marks of a sharp instrument, distant from one to the other, an inch and a half, to two and four inches. The most lateral and the most inferior was seated as high as the eighth rib; the second and third were found, one outside and under the right breast, the other inside and above it; the fourth immediately on the sternum; round the latter there was pain on pressure to the extent of an inch and a half from right to left, and presented emphysema. These four wounds bled very little, but what is most remarkable, they had not all the same shape; the first was quadrangular, the three others triangular. The instrument with which the wounds had been inflicted was a blunt foil, that is to say, with four angles, yet three of the wounds were triangular.

It will often be found that instruments cause wounds of different shape from their own. The degree of tension of the skin, the density of the tissues, their elasticity, the obliquity of the direction of the arm, and various other circumstances may modify the shape of the wounds. Some years since, in a celebrated cause, I was called on to state whether I thought the end of a sharp foil could have produced seven oval wounds found on the body of a young woman who had been assassinated. In the presence of the judges, and on the corpse of the victim with the same murderous instrument, wounds were made precisely similar to those inflicted during life.

It is, therefore, impossible to solve these two problems, a wound being made to decide on the shape of the instrument; and a wound being examined to determine whether it has been inflicted by the instrument found on the murderer.

The wounded man complained of great pain in the length of the wound on the sternum; he felt oppression and dyspnœa, was in a spasmodic state, and spit blood. These symptoms led to the belief that among the wounds some had reached the thoracic cavity, but, on examination, none of the wounds had penetrated.

The external and lower wound had scarcely reached the whole depth of the skin, the second and third wounds were made at one thrust; as to the last, it could not go through the sternum owing to the resistance of this bone, which presented itself obliquely at the time of the thrust. Care was, however, taken not to endeavour to acquire a more intimate conviction of the slightness of the wounds either by probing or in making injections, or in keeping the mouth and nostrils closed, and then making a strong expiration. These measures are *uncertain, useless, and dangerous.* The bandage being removed, it is possible that the thoracic cavity may have been opened, the probe does not reach beyond its coats; then again, in probing the wounds, a clot of blood may be removed and bring on hæmorrhage, more or less serious, irritate the pleura, and favour the introduction of air in the chest; and, if the wound be deep, the exploration will be of no use, as the results, whatever they may be, cannot be prevented.

On a close examination of each of these wounds, it does not appear that either of them were deep, and though the patient said he spit blood, yet since his admission into the hospital nothing of the kind had been seen. It is possible that, immediately after the wound, blood may have passed from the nose or throat. There is always oppression in individuals when the muscles of the chest are wounded by pointed instruments, which is owing to the pain caused by contraction of the muscles. It must also be remembered that the patient was nervous and irritable, and that, considering his profession, he was much humbled at being vanquished, which may account for the state of anxiety and agitation in which he was found after his wound.

We must now explain the emphysema surrounding the fourth wound, which symptom is considered pathognomonic of deep wounds. This explanation will be found in the mechanism of inspiration. It is said that dilatation of the chest by the inspiratory muscles tends to produce a vacuum in this cavity; this vacuum seems impossible, owing to the facility with which the air may overwhelm it in reaching the bronchi, and their ramification through the nostrils. In consequence of this tendency to vacuum and the laws of equilibrium of fluids, the air rushes in, either by the nostrils, the nose, the mouth, or by artificial apertures, as for instance in laryngotomy. What happened in the latter case happened to our patient when he was wounded; the inspiration was increased by the shock following the sensation of the cold steel, and its shock on the sternum; the air thus strongly drawn on the coats of the chest, reached by the channel made by the foil; and, unable to proceed farther, fixed in the cellular tissue of the wound, thus producing the emphysema.

This patient, therefore, offered peculiarities worthy of remark, as his wounds made with the same foil were not of the same shape, and that, notwithstanding the serious symptoms, none of the wounds were deep.

The patient was bled, and cold bandages kept on the chest for six days; the wounds healed rapidly, and, on the fourteenth day, he left the hospital, and only felt oppression and pain above the fourth wound.—*Continental & Brit. Med. Rev.* Sept. 1837.

MEDICAL STATISTICS.

69. *Statistics of Club-foot.*—M. MARTIN has observed 61 cases of club-foot. Of these, 26 were double, and 35 single; of these last, in 18 the right foot was deformed, in 17 the left foot. Forty-five of the cases were in boys, and 16 in girls. *Gaz. Méd. de Paris*, June 9, 1838.

70. *Contribution to Statistics of Hernia among the Recruits for the British and Conscripts for the French Army.*—This is the title of an interesting paper by HENRY MARSHALL, Deputy Inspector-general of Army Hospitals, published in the *Edinburgh Medical and Surgical Journal*, for July last. "The instructions issued by the Army Medical Department, for the guidance of medical officers in the duty of examining recruits, directs," says Mr. Marshall, "that no recruit is to be approved who labours under 'hernia or a tendency to that disability.' The method usually employed in the examination of recruits to discover whether they are affected with hernia, is to direct each man under inspection to produce a violent action of the abdominal muscles by coughing. During this operation the surgeon places his finger over the ring of the external oblique muscles, first on one side and subsequently on the other. Should any doubt arise during this trial, that a man may be affected with rupture, he is directed to jump as high as he can, by which means a protrusion of the gut is occasioned in cases where this disability exists. Little dependence is usually placed upon the allegation of a recruit, in regard to his previous liability to a disability, as it is not an uncommon circumstance for a man to regret having enlisted, and, with the view of being rejected by a medical officer, to falsely allege that he is occasionally affected with rupture, or some other disqualifying infirmity."

Mr. Marshall gives a table showing the number of recruits for the army examined at the depot of the centre recruiting district, (Dublin,) from the 25th of September, 1804, to the 15th of April, 1834, together with the number of recruits rejected, causes of disqualification, and ratio found unfit by each class of disabilities. From this table it appears that the number of recruits examined during the period specified was 42,740, of which number 10,279 were rejected as unfit, or 240 per 1000; and that of those rejected, 920 were disqualified by hernia, being 215 per 1000 examined, or about one in 50 of those examined, or one in every 11 found unfit for service.

The following table, given by Mr. Marshall, shows the number of recruits examined at the centre recruiting district, (Dublin,) from the year 1804 to the year 1827 inclusive, together with the number rejected in consequence of hernia, and the ratio of rejections on that account per 1000 examined.